



North Dakota Medicaid

Trading Partner Agreement Companion Guide

837 Professional Health Care Claim -- ANSI X12 4010A1

Rev. 08-2003

The Health Insurance Portability and Accountability Act (HIPAA) requires that as covered entities, health insurance payers abide by the Electronic Data Interchange (EDI) standards for health care as instituted by the Secretary of Health and Human Services. The ANSI X12N Implementation Guides have been established as the standards of compliance for electronic transactions. This document is intended to serve only as a companion document to the HIPAA ANSI X12N 837 4010A1 implementation guides. The use of this document is solely for the purpose of clarification. This companion document supplements, but does not contradict any requirements in the X12N 837 Professional 4010 Addenda implementation guide. Additional companion documents/trading partner agreements will be developed for use with other HIPAA standards, and will be posted as they become available. Items within this document apply to North Dakota Medicaid. The information in this document is subject to change.

| Loop ID | Loop ID Description | Segment ID | Segment Description | Data Element ID | Data Element Description | Size | Plan Preferences - Required Values / Comments |
|---------|-----------------------|------------|---|-----------------|--|------|---|
| | | ISA | Interchange Control Header | ISA05 | Interchange ID Qualifier | 2 | Enter the value "ZZ", mutually defined. |
| | | ISA | Interchange Control Header | ISA06 | Interchange Sender ID | 15 | Enter the nine-digit numeric vendor number assigned by North Dakota Department of Human Services. |
| | | ISA | Interchange Control Header | ISA07 | Interchange ID Qualifier | 2 | Enter the value "ZZ", mutually defined. |
| | | ISA | Interchange Control Header | ISA08 | Interchange Receiver ID | 15 | Enter "NDDHSMED" |
| | | ISA | Interchange Control Header | ISA16 | Component Element Separator | 1 | North Dakota Medicaid prefers '>' as the Composite Element Separator; '*' as the Element Separator; and '~' as the Segment Terminator |
| | | GS | Functional Group Header | GS02 | Application sender's code | 15 | Enter the same value as ISA06, the nine-digit numeric vendor number assigned by the North Dakota Department of Human Services. |
| | | GS | Functional Group Header | GS03 | Application receiver's code | 15 | Enter "NDDHSMED" |
| | | GS | Functional Group Header | GS08 | Version / release / industry identifier code | 12 | Enter the value "004010X098A1", the HIPAA mandated implementation guide release for this transaction. |
| | Header | REF | Transmission Type Identification | REF02 | Reference Identification | 30 | 004010X098A1 |
| | Header | ST | Transaction Set Header | ST01 | Transaction Set Identifier Code | 3 | 837 |
| 2010AA | Billing Provider Name | REF | Billing Provider Secondary Identification | REF02 | Reference Identification | 30 | Medicaid Provider Number |
| 2010AA | Billing Provider Name | NM1 | Billing Provider Name | NM103 | Name Last or Organization Name | 35 | Medicaid Provider Name |
| 2010AB | Pay-To Provider Name | REF | Pay-to-Provider Secondary Identification | REF02 | Reference Identification | 30 | Medicaid Provider Number |
| 2010AB | Pay-To Provider Name | NM1 | Pay-to- Provider Name | NM103 | Name Last or Organization Name | 35 | Medicaid Provider Name |
| 2010AB | Pay-To Provider Name | NM1 | Pay-to- Provider Name | NM109 | Identification Code | 80 | Medicaid Provider Number |
| 2010BA | Subscriber Name | NM1 | Subscriber Name | NM103 | Name Last or Organization Name | 35 | Medicaid Recipient Last Name |
| 2010BA | Subscriber Name | NM1 | Subscriber Name | NM104 | Name First | 25 | Medicaid Recipient First Name |
| 2010BA | Subscriber Name | NM1 | Subscriber Name | NM105 | Name Middle | 25 | Medicaid Recipient Middle Initial |
| 2010BA | Subscriber Name | NM1 | Subscriber Name | NM109 | Identification Code | 80 | Medicaid Recipient Number |

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|---------|------------------------------|------------|--|-----------------|-----------------------------------|------|--|
| 2300 | Claim Information | HI | Health Care Diagnosis Code | HI02-2 | | 30 | Diagnosis Code 1-8 (Also HI03-2 thru HI08-2, where HI0*-1 = BF) |
| 2300 | Claim Information | CLM | Claim Information | CLM01 | Claim Submitter's Identifier | 38 | Patient Account Number |
| 2300 | Claim Information | CLM | Claim Information | CLM02 | Monetary Amount | 18 | Total Claim Charge Amount |
| 2300 | Claim Information | CLM | Claim Information | CLM 05-1 | Facility Code Value | 2 | Place of Service |
| 2300 | Claim Information | CLM | Claim Information | CLM06 | Yes/No Condition or Response Code | 1 | Provider Signature on File |
| 2300 | Claim Information | CLM | Claim Information | CLM11-1 to 3 | Related-Causes Code | 3 | EM = Employment Related Accident |
| 2300 | Claim Information | CLM | Claim Information | CLM11-1 to 3 | Related-Causes Code | 3 | AA = Auto Accident |
| 2300 | Claim Information | CLM | Claim Information | CLM11-1 to 3 | Related-Causes Code | 3 | OA = Other Accident |
| 2300 | Claim Information | CLM | Claim Information | CLM12 | Special Program Code | 3 | Special Program Indicator (01 = EPSDT) |
| 2300 | Claim Information | REF | Original Reference Number (ICN/DCN) | REF02 | Reference Identification | 30 | F8 in REF01 = Original Medicaid Internal Control Number -- Use this number to adjust a previously processed claim by ND Medicaid |
| 2300 | Claim Information | REF | Prior Authorization or Referral Number | REF02 | Reference Identification | 30 | G1 in REF01 = Medicaid Prior Authorization Number |
| 2300 | Claim Information | CRC | Claim Information | CRC03 | Condition Code | 2 | EPSDT Condition Code (1) |
| 2300 | Claim Information | CRC | Claim Information | CRC04 | Condition Code | 2 | EPSDT Condition Code (2) |
| 2300 | Claim Information | CRC | Claim Information | CRC05 | Condition Code | 2 | EPSDT Condition Code (3) |
| 2310A | Referring Provider Name | REF | Referring Provider Secondary Identification | REF02 | Reference Identification | 30 | 1D in REF01 = Medicaid Provider Number <u>OR</u> 1G in REF01 = UPIN Number |
| 2310B | Rendering Provider Name | REF | Rendering Provider Secondary Identification | REF02 | Reference Identification | 30 | 1D in REF01 = Medicaid Provider Number <u>OR</u> 1G in REF01 = UPIN Number |
| 2320 | Other Subscriber Information | AMT | Coordination of Benefits (COB) Payer Paid Amount | AMT02 | Monetary Amount | 18 | Other Payer Patient Paid Amount |
| 2320 | Other Subscriber Information | AMT | Coordination of Benefits (COB) Payer Paid Amount | AMT02 | Monetary Amount | 18 | D in AMT01 = Payor Amount Paid -- Other payor insurance payment |
| 2320 | Other Subscriber Information | SBR | Subscriber Information | SBR09 | Claim Filing Indicator Code | 2 | If Patient has Medicare Part B, use SBR09 = 'MB' |
| 2400 | Service Line | SV1 | Professional Service | SV101-2 | Product/Service ID | 48 | Procedure Code |
| 2400 | Service Line | SV1 | Professional Service | SV101-3 | Procedure Modifier | 2 | Procedure Modifier 1 |
| 2400 | Service Line | SV1 | Professional Service | SV101-4 | Procedure Modifier | 2 | Procedure Modifier 2 |
| 2400 | Service Line | SV1 | Professional Service | SV101-5 | Procedure Modifier | 2 | Procedure Modifier 3 |
| 2400 | Service Line | SV1 | Professional Service | SV101-6 | Procedure Modifier | 2 | Procedure Modifier 4 |
| 2400 | Service Line | SV1 | Professional Service | SV102 | Monetary Amount | 18 | Detail Line Item Charge Amount |
| 2400 | Service Line | SV1 | Professional Service | SV104 | Quantity | 15 | Service Unit Count/Units or Minutes |
| 2400 | Service Line | SV1 | Professional Service | SV105 | Facility Code Value | 2 | Place of Service Code |
| 2400 | Service Line | SV1 | Professional Service | SV107-1 | Diagnosis Code Pointer | 2 | Diagnosis Code Pointer (1) |
| 2400 | Service Line | SV1 | Professional Service | SV107-2 | Diagnosis Code Pointer | 2 | Diagnosis Code Pointer (2) |
| 2400 | Service Line | SV1 | Professional Service | SV107-3 | Diagnosis Code Pointer | 2 | Diagnosis Code Pointer (3) |
| 2400 | Service Line | SV1 | Professional Service | SV107-4 | Diagnosis Code Pointer | 2 | Diagnosis Code Pointer (4) |
| 2400 | Service Line | SV1 | Professional Service | SV112 | Yes/No Condition or Response Code | 1 | Family Planning Indicator |
| 2400 | Service Line | DTP | Date - Service Date | DTP03 | Date Time Period | 35 | 472 in DTP01 = Service Date (FROM Date of Service) |

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|---------|-------------------------------|------------|---|-------------------|--------------------------|------|---|
| | | | | | | | |
| 2400 | Service Line | NTE | Line Note | NTE02 | Description | 80 | Line Note Text |
| 2420A | Rendering Provider Name | REF | Rendering Provider Secondary Identification | REF02 | Reference Identification | 30 | 1D in REF01 = Rendering (Performing) Provider Medicaid Provider Number <u>OR</u> 1G in REF01 = UPIN Number |
| 2430 | Line Adjudication Information | CAS | Line Adjustment | CAS03 | Monetary Amount | 18 | DR-RECIP-LIABILITY: Claim Adjustment Group Code = 'PR', add Adjustment Amount (1-6) DR-CUTBACK_AMOUNT: Claim Adjustment Group Code NE 'PR', add Adjustment Amount (1-6) |
| 2430 | Line Adjudication Information | CAS | Line Adjustment | CAS06 | Monetary Amount | 18 | DR-RECIP-LIABILITY: Claim Adjustment Group Code = 'PR', add Adjustment Amount (1-6) DR-CUTBACK_AMOUNT: Claim Adjustment Group Code NE 'PR', add Adjustment Amount (1-6) |
| 2430 | Line Adjudication Information | CAS | Line Adjustment | CAS09 | Monetary Amount | 18 | DR-RECIP-LIABILITY: Claim Adjustment Group Code = 'PR', add Adjustment Amount (1-6) DR-CUTBACK_AMOUNT: Claim Adjustment Group Code NE 'PR', add Adjustment Amount (1-6) |
| 2430 | Line Adjudication Information | CAS | Line Adjustment | CAS12 | Monetary Amount | 18 | DR-RECIP-LIABILITY: Claim Adjustment Group Code = 'PR', add Adjustment Amount (1-6) DR-CUTBACK_AMOUNT: Claim Adjustment Group Code NE 'PR', add Adjustment Amount (1-6) |
| 2430 | Line Adjudication Information | CAS | Line Adjustment | CAS15 | Monetary Amount | 18 | DR-RECIP-LIABILITY: Claim Adjustment Group Code = 'PR', add Adjustment Amount (1-6) DR-CUTBACK_AMOUNT: Claim Adjustment Group Code NE 'PR', add Adjustment Amount (1-6) |
| 2430 | Line Adjudication Information | CAS | Line Adjustment | CAS18 | Monetary Amount | 18 | DR-RECIP-LIABILITY: Claim Adjustment Group Code = 'PR', add Adjustment Amount (1-6) DR-CUTBACK_AMOUNT: Claim Adjustment Group Code NE 'PR', add Adjustment Amount (1-6) |
| 2430 | Line Adjudication Information | SVD | Service Line Adjudication | SVD02 | Service Line Paid Amount | 18 | Service Line Paid Amount; Other Payor Insurance Payment Amount |
| 2430 | Line Adjudication Information | SVD | Service Line Adjudication | SVD03-2 | Product/Service ID | 48 | Procedure Code |
| 2430 | Line Adjudication Information | SVD | Service Line Adjudication | SVD03-3 | Procedure Modifier | 2 | Procedure Modifier 1 |
| 2430 | Line Adjudication Information | SVD | Service Line Adjudication | SVD03-4 | Procedure Modifier | 2 | Procedure Modifier 2 |
| 2430 | Line Adjudication Information | SVD | Service Line Adjudication | SVD03-5 | Procedure Modifier | 2 | Procedure Modifier 3 |
| 2430 | Line Adjudication Information | SVD | Service Line Adjudication | SVD03-6 | Procedure Modifier | 2 | Procedure Modifier 4 |
| 2430 | Line Adjudication Information | SVD | Service Line Adjudication | SVD05 | Quantity | 15 | Paid Service Unit Count |
| 2430 | Line Adjudication Information | SVD/CAS | Service Line Adjudication | SVD02,CAS AMOUNTS | Monetary Amount | 18 | Adjustment Amounts |